

Payment Schedule

To: (Claimant) _____
ACN / ABN _____

Business Address¹: _____

Fax Number _____

This is a payment schedule made under the Building and Construction Industry Security of Payment Act, NSW, 1999.

From: (Respondent) _____
ACN / ABN _____

Business Address²: _____

Fax Number _____

Contract Details

Project / Job details _____

Contract Number (if applicable) _____

Date of payment claim (date when claim was served) __ / __ / ____

Total amount of this Payment Claim \$ _____

The scheduled amount (the amount the respondent proposes to pay) \$ _____

If the scheduled amount is less than the claimed amount, the attachments below state the reasons why it is less.

Signed (respondent): _____

Date : __ / __ / ____

ATTACHMENTS

The following attachments show details of any reasons for withholding any amount from the payment claim. In the case of an adjudication application by the claimant, the respondent must rely on these reasons for their defence.

¹ Address and service of notices as provided for in contract, or if no provision, serve on the person's ordinary place of business or as per section 31 of the Building and Construction Industry Security of Payment Act 1999 NSW.

² Address and service of notices as provided for in contract, or if no provision, serve on the person's ordinary place of business or as per section 31 of the Building and Construction Industry Security of Payment Act 1999 NSW.